

Prison Health Services, Inc.

Inmate Grievance Appeal

Courtney Boye 208921
NAME AIS #

13-1-11
UNIT

4-19-07
DATE

PART A - INMATE Grievance Appeal for the following reason:

I have been having problems with the nurse and Doctor Staff here at East Jersey. I wrote letter to the F.B.I. let them know how I have been getting poor Medical Care. And now Nurse Bush keeps picking on me and now I hear Some one say, I hate that Black Ass Nigga. I told Ms. Wilson that she was the only one around the corner. Ms. Wilson did not talk with me about it but had me write up an info sheet. I was drug by officers while I was Cuffed behind my back down on the ground. When I ask the Doctor for an x-ray he would give me one. I'm making two copy just in case we don't get the 1 one.

Courtney Boye
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B - RESPONSE

DATE RECEIVED 5-1-07

Mrs. Wilson and Mrs. Blackmon along with the Warden Officer were present at the time you made this complaint. No one should anyone including Mrs. Bush make the above statement. I have reviewed your medical record and your numerous complaints submitted prior to reviewed are truly without which were founded. However based upon your continued complaints a new claim going to present your case to Dr. McQueen other state medical director for further review.
thank you

Courtney Boye 208921
Inmate Signature
5-1-07

Date

CAnderson RN RA
Health Services Department Head
5-1-07

Date

H.S.A. Selection:

	Y	N		Y	N
I. Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI. Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II. Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII. Problems with Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
III. Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII. Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV. Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX. Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V. Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X. Other	<input type="checkbox"/>	<input type="checkbox"/>

Committee Review of Data Collection

11/03 - Alabama
Revised 5/16/05

Exhibit A-1

Inmate Grievance

NAME

AIS #

UNIT

DATE

PART A--Inmate Grievance

Dear Ms. Wilson, As you know I don't to fail go through my medical records, and Sgt. Roger says you are Ms. Johnson said that we all had to talk with your lawyer before I can't able to look at them again. As you know I don't start looking at them until April 17th 2007 so I still need to copy them. You are doing so please speak with your Lawyer and let me know what don't you follow the Court order. I'm sending a copy of this to the Hon. Judge, just in case you Plaintiff don't see it or get it. Also what I'd Dr. McLean say that me I have a Doctor appointment but I don't go because those 13th day off the office to take us back. Please let me know when I'll see:

Courtney Pease
INMATE SIGNATURE

PART B-RESPONSE

DATE RECEIVED 5-8-07

Mr. Boyd, as I explained to you today, I have nothing to do with when you are allowed time to review your records. It is up to Doc & when they can arrange. I was told that you do have to pay ahead of time before you can get copies made.

M. Wilson, RN/USA
P.H.S. Department Head Signature

5-8-07
DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Committee Review of Data Collection

Prison Health Services, Inc.

Inmate Grievance Appeal*Courtney Boyd*

NAME

108921

AIS #

C-14

UNIT

8/20/07

DATE

PART A – INMATE Grievance Appeal for the following reason:

I have been charged over \$200.00 for the same medical problem which is not true. I have been given a top brace back brace I know Dr. said that DOC must remove my belt off my account, but Dr. said you must do it, because I can't be charged for the same thing two times. And that is what my bill are for my back injury which happen June 10 2006 also I don't have Dr. McCallum said he had me because I'm on a TOP 130, and I have fall down two time, so I need my bottom brace or back brace. I will be able to tell you more when you talk with me. Thank you, and please don't loose this.

Courtney Boyd
INMATE SIGNATURE

Return this form to Health Services Administrator by dropping in the sick call box or giving to the segregation sick call nurse on rounds.

PART B – RESPONSE

DATE RECEIVED 8/20/07

As per our conversation, I have explained the PHS Co-pay policy in detail to you. Under your insurance for medical service you are charged a co-payment by the Department of Corrections. Due to your complex medical history & I can't be accommodated. Then we do a pre-treatment review for you. Overall let you know the time and date we will see me with you. Once you PHS and we will discuss all of your medical concerns. Let me know if you have any further problems. Thank you,

Courtney Boyd
Inmate Signature

8/27/07

Date

Catherine L. Pitt
Health Services Department Head

8/27/07

Date

H.S.A. Selection:

	Y	N		Y	N
I. Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VI. Delay in Health Care Provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II. Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VII. Problems with Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
III. Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VIII. Request to be seen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IV. Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IX. Request for Off-site Specialty Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Conduct of Healthcare Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Committee Review of Data Collection

11/03 - Alabama
Revised 5/16/05*Exhibit A-3*

AUG 20 2007